

Effect of paracetamol administration on elimination of chloramphenicol. Before paracetamol administration (A-B) chloramphenicol half life was 3.25 hours, whereas after chloramphenicol administration (B-C) the half life increased to 15 hours.

antipyretic, such as paracetamol, to treat typhoid. Ideally, chloramphenicol and paracetamol should not be prescribed together, but if they are either the dose of chloramphenicol should be reduced or serum chloramphenicol concentrations should be measured.

<sup>1</sup> Glasko, A J, *et al*, *Journal of Pharmacology and Experimental Therapeutics*, 1949, **96**, 445.

<sup>2</sup> Haile, C A, *Southern Medical Journal*, 1977, **70**, 479.

<sup>3</sup> Christensen, L K, and Skovsted, L, *Lancet*, 1969, **2**, 1297.

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## Chuei-Fong-Tou-Geu-Wan in rheumatoid arthritis

We describe a patient with rheumatoid arthritis (RA) who showed astonishing improvement while taking a Chinese "herbal" medicine.

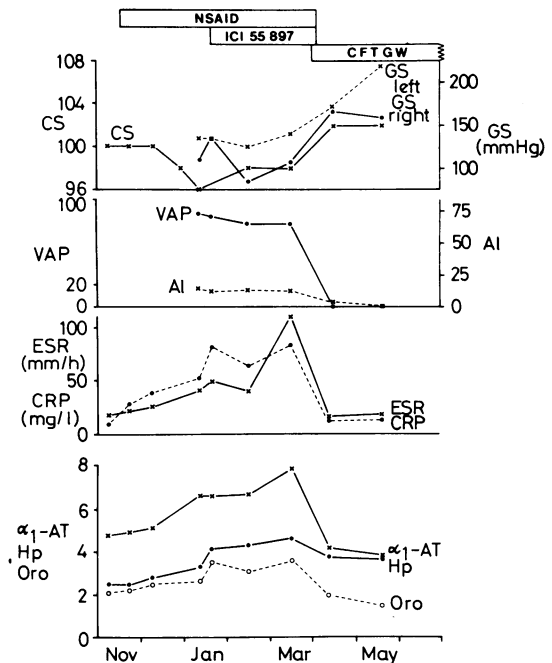
### Case report

A 44-year-old Dutch housewife, temporarily living in Birmingham, presented in November 1977 with a seven-month history of increasing morning stiffness and pain in feet, knees, and hands. There had been no prodromal illness. She had a symmetrical polyarthritis of the small joints and effusions in both knees. Investigations showed: haemoglobin concentration 12.6 g/dl; erythrocyte sedimentation rate (ESR) 18 mm in first hour; serum C-reactive protein (CRP) concentration 9 mg/l; rheumatoid factor and antinuclear factor absent; viral complement fixation tests negative; no diagnostic features in radiographs of chest and affected joints.

She was treated for two months with non-steroidal anti-inflammatory drugs but felt no better; ESR and acute-phase protein concentrations increased (figure). In January 1978 ICI 55 897, a new drug under trial for RA,<sup>1</sup> was begun but in March she was still deteriorating. Two weeks later she began Chuei-Fong-Tou-Geu-Wan 12 pills daily and within two days all pain had gone; the improvement was confirmed by objective criteria (figure). She remained well but over the ensuing three months noticed that reducing the dose resulted in a return of pain; there was an associated increase in serum CRP. Improvement was regained by returning to the higher dose.

### Comment

After taking non-steroidal anti-inflammatory drugs for two months this patient needed more potent treatment. Continuing deterioration



Subjective clinical score (CS), grip strength (GS), visual-analogue pain scale (VAP), articular index (AI), erythrocyte sedimentation rate (ESR), and serum concentrations of C-reactive protein (CRP),  $\alpha_1$ -antitrypsin ( $\alpha_1$ -AT), haptoglobin (Hp), and orosomucoid (Oro) during treatment with non-steroidal anti-inflammatory drugs (NSAID) and ICI 55 897 and after beginning Chuei-Fong-Tou-Geu-Wan (CFTGW).

while taking ICI 55 897, although this drug has a slow action, might soon have necessitated a further change. Our choice was pre-empted because she took Chuei-Fong-Tou-Geu-Wan at the suggestion of friends in Holland, where the drug was receiving attention as a highly effective remedy for arthritis. According to the manufacturers the pills contained 23 herbal substances—the principal constituent being *Apis chinensis*—and "repel poisonous factors and helcosis." Her improvement was so impressive that we agreed to her continuing. The effect of the drug on her symptoms and acute-phase serum protein concentrations, however, suggested that it contained corticosteroids or synthetic analogues; no other drug has so abrupt and profound an effect.<sup>2</sup> Furthermore, after three months' treatment she began to look Cushingoid, which together with a low plasma cortisol concentration (7 nmol/l; 0.25  $\mu$ g/100 ml) suggested exogenous corticosteroid administration. By September public interest in Holland had led to analysis of the pills, the results from the Government Institute for Medicines being published in the press<sup>3</sup> under the headline "Hongkong-pil Chinese roulette." The tablets contained dexamethasone and indomethacin.

The composition of Chuei-Fong-Tou-Geu-Wan, which, so far as we can tell, means "chase-the-wind-through-the-bones tablets," apparently varies. In the San Francisco Bay area it was implicated in four cases of agranulocytosis, one of which was fatal<sup>4</sup>; analysis yielded aminopyrine and phenylbutazone. Interestingly, no cases of agranulocytosis were seen in Chinese patients, suggesting that the addition of non-steroidal anti-inflammatory drugs was particularly for the Western market. We finally suggested that our patient should stop the pills, and she is now well, taking prednisolone 3.75 mg daily.

<sup>1</sup> McConkey, B, *et al*, *Annals of the Rheumatic Diseases*. In press.

<sup>2</sup> McConkey, B, *et al*, *Quarterly Journal of Medicine*, 1973, **42**, 785.

<sup>3</sup> *Ad Zaterdag*, 30 September 1978.

<sup>4</sup> Curt, A R, and Mervyn, A S, *Journal of the American Medical Association*, 1975, **231**, 352.

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